

KANSAS BOARD OF COSMETOLOGY

COMPLAINT FORM

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(NAME COMPLAINT IS AGAINST)

(PHONE NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)

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PLEASE GIVE A COMPLETE ACCOUNT OF THE FACTS.

(Add additional sheets if needed. Attach any documents which will support your allegations.)

COMPLAINANT SIGNATURE:

DATE:

(COMPLAINANT NAME-PRINTED)

(PHONE NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)

OTHER PERSON(S) WITH FACTUAL KNOWLEDGE OF YOUR COMPLAINT

(NAME)

(PHONE NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)

(NAME)

(PHONE NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)